

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SEARCH NO. 097874277
APPLICANT(S)

5/12/04

CLAIMS

| NO. | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | |
| 2 | | | | | | |
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| 48 | | | | | | |
| 49 | | | | | | |
| 50 | | | | | | |
| TOTAL IND. | 1 | 1 | 8 | 8 | 7 | 7 |
| TOTAL DEP. | — | — | 33 | 33 | — | — |
| TOTAL CLAIMS | 1 | 1 | 41 | 41 | 40 | 40 |

| IND. | DEP. | IND. | DEP. | IND. | DEP. |
|--------------|------|------|------|------|------|
| 51 | | | | | |
| 52 | | | | | |
| 53 | | | | | |
| 54 | | | | | |
| 55 | 1 | | | 1 | |
| 56 | | 1 | | 1 | |
| 57 | 1 | | | 1 | |
| 58 | | 1 | | 1 | |
| 59 | | | 1 | | 1 |
| 60 | | | 1 | | 1 |
| 61 | | | | 1 | |
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| 67 | | | | 1 | |
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| 69 | | | | 1 | |
| 70 | | | | 1 | |
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| 74 | | | | 1 | |
| 75 | | | | 1 | |
| 76 | | | | 1 | |
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| 85 | | | | 1 | |
| 86 | | | | 1 | |
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| 95 | | | | 1 | |
| 96 | | | | 1 | |
| 97 | | | | 1 | |
| 98 | | | | 1 | |
| 99 | | | | 1 | |
| 100 | | | | 1 | |
| TOTAL IND. | — | — | — | — | — |
| TOTAL DEP. | — | — | — | — | — |
| TOTAL CLAIMS | 1 | 1 | 41 | 41 | 40 |

10/30/00